

## Questions on potential negative and offsetting effects

- Would it be possible to see a full list of security incidents involving NI staff?
  - The full list of security incidents involving NI staff can be found in Incidents Involving Staff tab. As of 17-June-2020, there have been 23 incidents in total. The cases include those related to minor theft (e.g. phone and sometimes cash), minor injuries (e.g. bruises and scorpion bites), and encounters with bandits.
  
- Do you collect data on whether caregivers might lose the disbursement as a result of theft? (We are wondering about theft by third parties, rather than fraud committed by clinic or NI staff). If so, would it be possible to see the data?
  - We believe that this is infrequent since the bandits rely on the community for support. Also, it is unlikely that bandits would target female caregivers traveling to the clinic who are receiving small amounts like N500 and N2,000. While we ask questions regarding caregivers losing part of their cash transfers due to bribes or 'dashes' during each disbursement, we do not specifically ask whether caregivers have experienced theft by third parties.
  - Some examples of cases where caregivers might have misplaced the cash given due to an incident at the clinic have been extracted from the reported security incidents and can be found in Funds Lost by Caregivers tab.
  
- Our understanding is that (i) NI's supply work includes work at NI partner clinics, LGAs, zone and state level (ii) NI partner clinics receive more supply support than other clinics. We were wondering: how likely is it that NI's supply side work leads to vaccine shortages outside of NI partner clinics, either in the same or other states? Do you have data you could share, that might help us assess how likely this is to happen?
  - The understanding in (i) and (ii) are correct. It is possible that NI partner clinics receive marginally more support than other clinics, particularly due to additional attention that our clinics get from the reporting and action by our Supply-Side and Operations teams. However, we do not think this has displaced support for other clinics in the same or other states.
  - While we don't have data, below are the cases where we anticipate that supply-side efforts could have led to shortages at other clinics in the state:
    - Sometimes if there is a stockout at the LGA store, our clinic might request vaccines from a nearby clinic. These requests can be refused if the neighboring clinic does not think they have adequate additional stock to spare, we have seen many cases of refusals from nearby clinics. There are at least 87 cases recorded where we attempted to borrow vaccines from a nearby clinic (these cases can be found by searching for 'borrow' in the Clinic level Case Log).
    - The consumption increase due to our clinics could cause a short-term shortage in the LGA (we have records of this happening in one of the LGAs in Zamfara with 5 of our partner clinics). However, in late 2019/early 2020 (varies by state), the Federal Government started

distributing vaccines to the states based on utilization of vaccines (using the Stock Management Tool or SMT) rather than based on target population (using the Visibility and Analytics Network or VAN). The new Stock Management Tool based on utilization reduces the chances of any negative supply-side effects on other clinics while being beneficial for the state assuming we can reproduce the increased quality of vaccine utilization recordkeeping at future clinics.

- Overall, the effects of NI on neighboring and other clinics throughout the state is likely positive because a lot of our efforts in supply-side seek to reduce the chances of stockouts at the Zonal, State, and LGA level, which benefits all clinics in the state, not only NI partner clinics. We have received acknowledgements from State stakeholders for the utilization reports at NI partner clinics as well as improvements in documentation at the LGA through our Fortnightly calls. We think it is likely that supply-side efforts have led to net positive gains for non-program clinics in the states we operate.
- About a year ago, we spoke about conditionalities for the World Bank CCT program in Nigeria. At the time, Zamfara State was yet to choose a conditionality. Do you know if they have now chosen one? If so, do you know if New Incentives' program might have influenced that choice?
  - Based on our latest understanding, Zamfara is still at the base phase and yet to get to the top-up phase where the conditionality is chosen by the state. States choose the conditionalities by making a holistic assessment of the needs of the state, not necessarily specific programs of implementing partners.
  - We don't think New Incentives will be able to influence Zamfara State's choice of conditionality. Over time, we hope to increase our influence and advocacy in the states to promote cash transfers for immunization.
  - We have heard that there have been changes in the ownership of the World Bank CCT program such that it has been moved from the Vice President's Office to the Federal Ministry of Health and that this has slowed progress. The World Bank CCT program currently focuses on 11 states. We think that the program would be more likely to expand to other states before serving a greater percent of the population in the initial states. We continue to estimate that the percent of the population reached is very low -- less than 1% today and up to 2% if fully rolled out as planned.